

Lincoln Police Department Thomas K. Casady, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

April 6, 2009

Mayor Beutler and City Council City of Lincoln City County Building Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Jasmine Room, 129 North 10^{th} Street, holders of a class I liquor license.

The Jasmine Room requests that a catering license be added to the current liquor license.

The owners and manager of this location will remain the same.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



MANAGER APPLICATION **INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lcc.ne.gov

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Corporate manager, including their spouse, are required to adhere to the following requirement:

- 1) Must be a citizen of the United States
- 3) Must provide a copy of their certified birth certificate or INS papers b/C before. 18 showed
 4) Must submit their fingerprints (2 cards nor norson)

6) Applicant may be required to take a training course	
Corporation/GEC difformation	
Name of Corporation/LLC: Old Federal Place Limited Lisbility	ry Company
Promise authoritation	
Premise License Number: 8037	
Premise Trade Name/DBA: The Grand Manse	
Premise Street Address: 129 North 10th Street	
	Cir Code: <u>68508</u>
Premise Phone Number: (402) 4710 - 4510	
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man had	

CORPORATE OFFICER SIGNATURE

(Faxed signatures are accepta



Manager's information must be cong	hica halow 1944.45		
Gender: MALE	FEMALE		
Last Name: Lierz	F	irst Name: Dianna	мі: Қ
Home Address (include PO Box if ap			-
City: LMWIN			
Home Phone Number: (402) 47	5-486 Bu	siness Phone Number: (4/03	2) 4710-4560
Social Security Number	Dri	vers License Number & State:	NE 1
Date Of Birth:	Pla	ce Of Birth: Lincoln,	NE
Are voit manied? If yes, complete spe	des Silversames 32 y g kan d del de la la de	en fa gousplaction et le be	ensubmitted)
☐ YES 💢 NO			
Nuese s information			
Spouses Last Name:	a a	First Name:	
Social Security Number: Drivers License Number & State:			
Date Of Birth:	Plac	ce Of Birth:	
		SIDENCE OF THE CHE. A	5-11-2-14-14-1-1
THE APPLIES SEE		NE K	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
Lincoln, NE	1985 2008		
		A A A A A A A A A A A A A A A A A A A	
YEAR NAME O	F EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
		Rich O'Neill	(402) 436-3332
1999 2007 Home Real Estate Rich O'Neill (402) 436-3332 1991. 1999 First Mortgage Co. Marlin Hupka (402) 432-1873			



NEBRASKA LIQUOR CONTROL COMMISSION

1.	READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.
	Has <u>anyone</u> who is a party to this application, or their spouse, <u>EVER</u> been convected of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, viola ion of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. <u>If more than one party, please list charges by each individual's name.</u>
	YES NO If yes, please explain below or attach a separate page.
2.	Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.
	□YES XNO
3.	Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)
	YES NO
4.	Have you filed the required fingerprint cards and PROPER FEES with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)
	∀YES □NO

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The above individual(s), being first duly sworn upon oath, deposes and states that the unders gned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending in titution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebras a Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be a tached.

The undersigned understand and acknowledge that any license issued, based on the informat on submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudu ent.

Ocana K. Acc. Signature of Manager Applicant	Signature of Spouse
State of Nebraska	
County of LANCASTER	County of
The foregoing instrument was acknowledged before me this 11th Day of June, 2008 by Dianna K. Lierz	The foregoing instrument was acknowledged before me this by
Notary Public signature	Notary Public signature
Affix Seal Here GENERAL NOTARY-State of Nebraska PATRICIA J. CORKLE My Comm. Exp. Oct. 9, 2011	Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.